Primary Care Provider
Pain Management Toolkit

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1. INTRODUCTION

The PCP Pain Management Toolkit is a comprehensive guide for Primary Care Providers (PCPs) supporting the safe and effective treatment of chronic pain in the primary care setting. The toolkit provides recommendations and outlines the available services for members with chronic pain conditions. This toolkit was developed through a collaboration between the Connecticut Department of Social Services (DSS), Community Health Network of Connecticut, Inc., the Connecticut Behavioral Health Partnership (CT BHP), the Connecticut Dental Health Partnership (CTDHP), and the Connecticut Department of Mental Health and Addiction Services (DMHAS).

When Managing Patients with Chronic Pain

The Centers for Disease Control and Prevention (CDC), in determining when to initiate or continue opioids for chronic pain (pain lasting longer than 3 months or past the time of normal tissue healing), recommend the following:

1. Non-pharmacologic therapy and non-opioid pharmacologic therapy are preferred first line treatments for chronic pain, with opioid therapy being considered only after a risk benefit analysis shows that expected benefits for both pain and function are anticipated to outweigh risks to the patient. If used, opioids should be combined with non-pharmacologic therapy and non-opioid pharmacologic therapy, as appropriate.
2. Before starting opioid therapy, clinicians should establish treatment goals with all patients, including realistic goals for pain and function. Discontinuing opioid therapy if benefits do not outweigh risks should also be considered. Clinicians should continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient safety.
3. Before starting and periodically during opioid therapy, clinicians should discuss with patients the known risks and realistic benefits of opioid therapy, and patient and clinician responsibilities for managing therapy.

The full CDC Guideline for Prescribing Opioids for Chronic Pain is available at:
http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm

Additional guidance on the safe and effective use of opioids for the treatment of chronic pain is available through the Provider's Clinical Support System for Opioid Therapies (PCSS-O)*. PCSS-O is a national training and mentoring project developed in response to the prescription opioid overdose epidemic.

*Funding for this initiative was made possible (in part) by Providers' Clinical Support System for Opioid Therapies from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

2. NON-OPIOID SERVICES & TREATMENTS FOR CHRONIC PAIN

The HUSKY Health program covers non-pharmacologic treatments for chronic pain. Reference the medical, behavioral, and dental services provided below in addition to covered non-opioid treatments for chronic pain.

2.1 Medical Services

Under the HUSKY Health program medical benefit, the following services are covered:

- Physical and occupational therapy
- Naturopath services
- Transcutaneous Electrical Nerve Stimulation (TENS) units
- Chiropractic manipulation
- Acupuncture

HUSKY Health Member Engagement and Escalation Unit

For further clarification of covered medical benefits or for assistance in locating a Connecticut Medical Assistance Program (CMAP) enrolled medical provider offering one or more of the above services, you may contact the HUSKY Health Member Engagement Services and Escalation Unit. The representatives are available to ease the coordination of care for patients with chronic pain by locating and providing appointment assistance and assisting with referrals to pain management specialists. Providers can "Reach for Escalation" by calling 1.800.440.5071, Monday through Friday 8:00 a.m. - 6:00 p.m. or complete the "***Reach for Escalation***" form at www.ct.gov/husky, click "***For Providers***," "***Provider Bulletins & Forms***," then "***Escalation Referral Form***;" fax to 203.265.3197 or e-mail to reachforescalation@chnct.org.

HUSKY Health Intensive Care Management Program

The HUSKY Health Intensive Care Management (ICM) program can assist you with coordinating care for your patients with chronic pain by assessing the patient's health status, barriers, and strengths; developing a patient centered care plan; identifying gaps in care; coordinating with specialists; coordinating with the CT Behavioral Health Partnership (CT BHP); conducting patient visits, coordinating transportation; and providing appointment reminders. To refer patients to the ICM program, providers can call 1.800.440.5071, Monday through Friday 8:00 a.m. - 6:00 p.m. and select the prompt for Intensive Care Management or complete the ICM Referral form available on the HUSKY Health website at www.ct.gov/husky, click "***For Providers***," "***Provider Bulletins & Forms***," then "***Escalation Referral Form***;" and fax to 866.361.7242.

2.2 Behavioral Health Services

Under the CT BHP the following services are covered:

- Medication Assisted Treatment (MAT) including methadone maintenance, buprenorphine, and naltrexone
- Ambulatory Detoxification

- Inpatient Detoxification
- Outpatient Detoxification
- Outpatient Counseling
- Intensive Outpatient Treatment
- Partial Hospitalization
- Residential Substance Abuse Rehabilitation, covered by CT BHP, available to certain HUSKY members (contact CT BHP for details)
- HUSKY D has services for Residential Substance Abuse Rehab covered by Advanced Behavioral Health, which can be reached at 1.800.606.3677, Monday through Friday 8:30 a.m. - 5:00 p.m.

CT BHP offers a toolkit to assist Primary Care Providers (PCPs) with the identification of behavioral health conditions. The PCP toolkit is available at: http://pcptoolkit.beaconhealthoptions.com/.

For further clarification of covered benefits or assistance in locating a CMAP enrolled behavioral health provider offering one or more of the above services, including locating a provider certified to treat with buprenorphine, you may contact the CT BHP at 1.877.552.8247, Monday through Friday from 9:00 a.m. - 7:00 p.m.

CT BHP Behavioral Health Peer and Intensive Care Management Programs

CT BHP has a number of programs for members including Peer and Intensive Care Management (ICM) programs. Peer Specialists are individuals who, because of their personal journey or the journey of a loved one through the mental health and substance use system, are very knowledgeable and effective in mitigating the impact of mental health and substance use on individuals and families. This lived experience can help others. Community Peer Specialists generally work with Adults and Family Peer Specialists who usually focus their work on the family. Intensive Care Managers are licensed clinicians who are available in the emergency department of five local hospitals to work with members who have been identified as frequent visitors. In addition, two of the five hospitals also have specialized programs where a team works with members who are receiving medical treatment for detoxification from substances. The Peer/ICM program is designed to help assist members in utilizing services as an alternative to hospitalization and link the member to services in the community that meet their needs.

Behavioral Health Member Resources

The following are available to members on the CT BHP website at www.ctbhp.com:

- Achieve Solutions: a library of behavioral health related topics
- A listing of Enhanced Care Clinics, mental health and substance abuse outpatient treatment programs
- A calendar of upcoming events and trainings
- Referral Connect: an online tool to locate behavioral health providers
- Information on recovery and wellness

For further clarification of covered benefits or assistance in locating a CMAP enrolled behavioral health provider offering one or more of the above services, contact the CT BHP at 1.877.552.8247, Monday through Friday, 9:00 a.m. - 7:00 p.m.

2.3 Dental Health Services

Pain management remains a significant consideration in dental care. For assistance in locating a dental provider, contact the Connecticut Dental Health Partnership (CTDHP), at 1.855.CTDENTAL, 1.855.283.3682, Monday through Friday, 8:00 a.m. - 5:00 p.m. Representatives can assist you in locating a dental provider or dental specialist, obtaining dental care coordination and case management, and obtaining other resources. Additional information is available on the CTDHP website at www.ctdhp.com.

Dental Health Member Resources

The following services are available to members on the CTDHP website at www.ctdhp.com:

- Summary of dental benefits
- Rights, privacy, and responsibilities
- Dental Assistance Self Help (DASH) library of topics related to oral health
- Forms and materials
- News and updates
- Websites and links
- Member dental history and provider locator (available after creation of a member account)

2.4 Non-opioid Treatments for Chronic Pain

If you are considering pharmacologic treatment for chronic pain, the CDC recommends non-opioid therapies to the extent possible. The following is a list of non-opioid medications suggested by the CDC as possible first-line pharmacologic treatment:

- Acetaminophen
- Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)
- Gabapentin/pregabalin
- Tricyclic antidepressants and serotonin/norepinephrine reuptake inhibitors
- Topical agents (lidocaine, capsaicin, NSAIDs)

3. OPIOID TREATMENTS FOR CHRONIC PAIN

When Considering Opioid Treatments for Chronic Pain

If you are considering prescribing opioids for your patient, it is important to perform a full evaluation of benefits and risk factors (i.e. history of drug use, history of mental health conditions, presence of sleep-disordered breathing, concurrent benzodiazepine use). The CDC provides a checklist for prescribing opioids for chronic pain and standard risk assessment tools.

In addition, the CDC recommends the use of urine drug testing to confirm the presence of prescribed medications or for undisclosed prescription drug or illicit substance use.

The CDC also recommends that providers check for both opioids and benzodiazepines from other sources, as concurrent use of benzodiazepines increases the risk for opioid overdose. To provide comprehensive prescription information for Schedule II through Schedule V drugs, the Connecticut Prescription Monitoring and Reporting System (CPMRS), a web-based tool, is available to all providers with a Connecticut Controlled Substance Registration.

3.1 Opioid Selection, Dosage, Duration, Follow-up, and Discontinuation

The CDC recommends the following in terms of opioid selection, dosage, duration, follow-up, and discontinuation of opioid treatment:

1. When initiating opioid therapy for chronic pain, immediate-release opioids are recommended over extended-release/long-acting (ER/LA) opioids.
2. Providers should prescribe the lowest effective dosage, use caution when prescribing opioids at any dosage, carefully reassess evidence of individual benefits and risks when increasing dosage to ≥ 50 morphine milligram equivalents (MME)/day, and avoid increasing the dosage to ≥ 90 MME/day.
3. When opioids are used for acute pain, providers should prescribe the lowest effective dose of immediate-release opioids and prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed.
4. Providers should evaluate the benefits and harms with patients within 1 to 4 weeks of starting opioid therapy for chronic pain or of dose escalation. Providers should evaluate the benefits and harms of continued therapy with patients every 3 months or more frequently. If the benefits do not outweigh the harms of continued opioid therapy, clinicians should optimize other therapies and work with patients to taper opioids to lower dosages or to taper and discontinue opioids.

For additional information, the full CDC Guideline for Prescribing Opioids for Chronic Pain is available at: http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm

Providers may access information on calculating the total daily dosage in MME of opioids, on the CDC website at: http://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf

3.2 Re-assessing Risk and Addressing Harms of Opioid Use

Periodically the provider should re-evaluate the risk of ongoing opioid use and should consider offering naloxone when factors that increase the risk of opioid overdose are present. Naloxone, an opioid antagonist, is used to block or reverse the effects of opioid medication if an overdose has occurred.

The HUSKY Health program covers both Narcan nasal spray and naloxone syringes without prior authorization. Evizio, a non-preferred drug, requires prior authorization through the DSS Pharmacy program. You may contact the DSS Pharmacy Prior Authorization Assistance Center at 1.866.409.8386, Monday through Friday, 8:30 a.m. - 4:30 p.m. for more details.

In addition, certified pharmacists are allowed to prescribe and dispense select naloxone products.

Providers should review the patient's history of controlled substance prescriptions through use of the Connecticut Prescription Monitoring and Reporting System (CPMRS) and utilize urine drug testing at least annually. Furthermore, providers should avoid prescribing opioid medications concurrently with benzodiazepines and should offer or arrange for evidence-based treatment such as MAT in combination with behavioral therapies for patients showing signs of opioid use disorder.

3.3 Symptoms of Opioid Use disorder

Opioid Use Disorder is a diagnosis introduced in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders, DSM-5. The diagnosis of Opioid Use Disorder can be applied to someone who uses opioid drugs and has at least two of the following symptoms within a 12-month period:

- Taking more opioid drugs than intended or over longer periods of time than intended
- Wanting or trying to control opioid drug use without success
- Spending a lot of time obtaining, taking, or recovering from the effects of opioid drugs
- Craving opioids
- Failing to carry out important roles at home, work or school because of opioid use
- Continuing to use opioids, despite use of the drug causing relationship or social problems
- Giving up or reducing other activities because of opioid use
- Using opioids even when it is physically unsafe
- Knowing that opioid use is causing a physical or psychological problem, but continuing to take the drug anyways
- Tolerance for opioids as defined by either of the following:
    - A need for increased amount of opioids to achieve desired effects
    - Markedly diminished effect with the continued use of the same of amount of an opioid
- Withdrawal as manifested by either of the following:
    - Opioid withdrawal symptoms
    - The same (or a closely related) substances are taken to avoid withdrawal symptoms

Are you concerned that your patient is showing signs of opioid use disorder?
Help is available via the CT BHP Provider Connect. Call 1.877.552.8247, Monday through Friday 9:00 a.m. - 7:00 p.m. for guidance and information on counseling and adjunctive treatment options including MAT. CT BHP staff members are also available to assist you with understanding benefits, level of care

guidelines, and referrals, as well as precertification and authorization as appropriate. CT BHP staff members are also available 24 hours a day, 7 days a week to assist your patients with referrals to treatment. Patients may contact the CT BHP at 1.877.552.8247.

3.4 Medication Assisted Treatment

Medications in combination with counseling and behavioral therapies can provide a holistic, patient approach to the treatment of opioid dependency. The HUSKY Health program covers a number of medications used in the treatment of opioid use disorders. The following medications are currently covered:

- Buprenorphine HCL Tablet (Sublingual)
- Methadone
- Naltrexone oral
- Suboxone film (sublingual)

To learn more about MAT contact the CT BHP at 1.877.552.8247, Monday through Friday 9:00 a.m. - 7:00 p.m. or visit their website at http://www.ctbhp.com/providers/providers.html. Providers may also visit the Beacon Health Options website at: https://www.beaconhealthoptions.com/ for additional information on available behavioral health services.

3.5 Becoming Certified to Prescribe Buprenorphine

Buprenorphine is an FDA approved opioid addiction treatment. Individuals taking buprenorphine may be able to discontinue other opioid medication with minimal withdrawal symptoms. In order to prescribe buprenorphine, providers must apply for a waiver under the Drug Addiction Treatment Act of 2000 (DATA 2000). To receive a waiver, providers must first notify the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) of their intent to practice this form of MAT. The notification of intent to prescribe must be submitted to CSAT before dispensing and prescribing opioid treatment. Providers may either complete the Waiver Notification Form SMA online at: http://buprenorphine.samhsa.gov/pls/bwns/waiver or may download, complete, and fax the form to 240.238.9858. A downloadable version of the form is available at: http://www.samhsa.gov/sites/default/files/programs_campaigns/medication_assisted/waiver-form-sma-167.pdf

Along with the form, providers are required to submit their training certificates showing that they have completed the required training to prescribe and dispense buprenorphine. Information about available 8-hour buprenorphine waiver training courses is available on the SAMHSA website at: http://www.samhsa.gov/medication-assisted-treatment/training-resources/buprenorphine-physician-training

Additional information on the physician waiver process is available at: http://www.samhsa.gov/medication-assisted-treatment/buprenorphine-waiver-management

Additional guidance on the safe and effective use of MAT is available through the Provider's Clinical Support System for Medication Assisted Treatment (PCSS-MAT)*. PCSS-MAT is a national training and mentoring project developed in response to the prescription opioid overdose epidemic and the availability of pharmacotherapies to address opioid use disorder.

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